

**Application Data Sheet**

**Application Information**

Application Number::

Filing Date::

Application Type::

**US National Phase**

Subject Matter::

**Utility**

Suggested Classification::

Suggested Group Art Unit::

Title::

**FLAT-TOP OPTICAL FILTERING COMPONENT**

Attorney Docket Number::

**4590-375**

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

**5**

Total Drawing Sheets::

**3**

**Applicant Information**

Applicant Authority Type::

**Inventor**

Primary Citizenship Country::

**France**

Status::

Given Name::

**Romain**

Middle Name::

Family Name::

**RAMEL**

Name Suffix::

City of Residence::

**Saint Egreve**

State or Province of Residence::

Country of Residence::

**France**

Street of Mailing Address::

**L'Orangerie 2, Rue de Néron**

City of Mailing Address::

**Saint Egreve**

Postal or Zip Code::

**38520**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **France**  
Status::  
Given Name:: **Sylvie**  
Middle Name::  
Family Name:: **JARJAYES**  
Name Suffix::  
City of Residence:: **Grenoble**  
State or Province of Residence::  
Country of Residence:: **France**  
Street of Mailing Address:: **38 avenue Maréchal Randon**  
City of Mailing Address:: **Grenoble**  
Postal or Zip Code:: **38000**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **France**  
Status::  
Given Name:: **Stéphane**  
Middle Name::  
Family Name:: **GLUCK**  
Name Suffix::  
City of Residence:: **Le Pont de Claix**  
State or Province of Residence::  
Country of Residence:: **France**  
Street of Mailing Address:: **16, Rue des Cerisiers**  
City of Mailing Address:: **Le Pont de Claix**  
Postal or Zip Code:: **38800**

## Correspondence Information

Correspondence Customer No:: **33308**  
Phone Number:: **(703) 684-1111**  
Fax Number:: **(703) 518-5499**  
E-Mail Address::

## Representative Information

Representative Customer Number::

**Representative Designation:: Registration Number:: Representative Name::**  
*Primary or Associate*

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
<b>FR</b>	<b>02/11393</b>	<b>September 13, 2002</b>	<b>Yes</b>
	<b>PCT/FR2003/002678</b>	<b>September 9, 2003</b>	<b>Yes</b>

## Assignee Information

Assignee Name:: **ATMEL GRENOBLE S.A.**  
Street of Mailing Address:: **Avenue de Rochepleine**  
City of Mailing Address:: **Saint Egreve Cedex**  
State of Mailing Address::  
Country of Mailing Address:: **France**  
Postal or Zip Code:: **38521**